

McClellan

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the envelope. 		<p>A. Signature </p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p>	
<p>Address different from item 1? <input type="checkbox"/> Yes Delivery address below: <input type="checkbox"/> No</p> <p>Governor Bob Riley Office of the Governor Alabama State Capitol 600 Dexter Avenue Montgomery, AL 36130-2751</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2:07cv692 (cmpld on 40 dep)</p> <p>3. Article Number (Transfer from service label)</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>7005 1160 0001 2962 4899</p>	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	